

MARIST HIGH SCHOOL MEDICATION AUTHORIZATION FORM

Student's Name (Last, Middle, First)

Date of Birth

Grade

Date

Medications may be administered in school in accordance with Illinois Law Procedures. No medication may be administered in school unless both the student's physician and parent/guardian have completed, signed and returned the following to the School Principal or his designee:

Medical Authorization Form

Medication in the original labeled container as dispensed (prescription medication) or the manufacturer's labeled container (non-prescription medication). The medication shall be labeled with the student's name, name of the medication, directions for use and the date.

Self-Administration Form (asthma and allergies only)

Marist High School requires that all students who need medication during school hours, including over-the-counter and prn medication, be dispensed by the School Nurse. Per state law, students should not have any form of medication (except prescribed inhalers, Epi-pens or insulin) in their possession at any time.

To be completed by Physician for prescription and non-prescription medication:

- Name of medication _____
- Specific time(s) and dose(s) to be given in school _____
- Length of time _____
- Are there any restrictions? _____ Yes _____ No
- If yes, what and how long? _____

Printed Name of Physician

Signature of Physician

Date

To Be Completed By Parent/Guardian

I, _____, give permission for my child to receive the above medication as directed during the school year.

Parent/Guardian Signature

Date

Health Form A

(Return to Health Services)